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Annual 47 C.F.R. S: 64.2009(e) CPNI Certification

EB Docket 06-36

FCC Mail Room

Annual 64.2009(e) CPNI Certification for 2013

Date filed: 2/20/14

Name of company covered by this certification: G2 Solutions, LLC

Form 499 Filer ID: 823648

Name of signatory: Thomas Goren

Title of signatory: CFO

I, Thomas Goren, certify that I am an officer of the company named above, and acting as an agent of the company, that I have personal knowledge that the company has established operating procedures that are adequate to ensure compliance with the Commission's CPNI rules. See 47 C.F.R.S: 64.2001 et seq.

Attached to this certification is an accompanying statement explaining how the company's procedures ensure that the company is in compliance with the requirements (including those mandating the adoption of CPNI procedures, training, recordkeeping, and supervisory review) set forth in section 64.2001 et seq. of the Commission's rules (see accompanying statement attached).

The company has not taken any actions (proceedings instituted or petitions filed by a company at either state commissions, the court system, or at the Commission against data brokers) against data brokers in the past year.

The company has not received any customer complaints in the past year concerning the unauthorized release of CPNI.

Signed

No. of Copies rec'd_ List ABCDE

CONTACT INFORMATION FOR G2 Solutions, LLC

Contact information for company person who is authorized to resolve complaints

Name of individual: Thomas Goren

Business Address:

G2 Solutions, LLC

Street:

1475 Powell Street, Suite 100

City, State, Zip:

Emeryville, CA 94608

Telephone Number: 510-985-9600

TTY number:

Email address:

N/A

Facsimile number: 510-985-0363

tgoren@g2sol.net

Contact information for the agent designated for service of informal and formal complaints alleging violations of Sections 255, 716, and 718 of the Act or the Commission's accessibility rules

Company / Name of individual:

Thomas Goren

Business Address:

G2 Solutions, LLC

Street:

1475 Powell Street, Suite 100

City, State, Zip:

Emeryville, CA 94608

Telephone Number:

510-985-9600

TTY number:

N/A

Facsimile number:

510-985-0363

Email address:

tgoren@g2sol.net

Customer

CUSTOMER CONTACT AUTHORITY (CCA)

G2 Solutions is committed to protecting the proprietary information (CPNI) you have entrusted to us. Pursuant to new FCC rules, effective 12/8/2007, we have implemented policies and procedures designed to better protect your network information against unauthorized access. Please assist us by providing complete contact information for parties authorized to receive information regarding your account.

If the undersign grant permission to GZ Solutions to provide information to the following individuals for the purpose of servicing my telecommunications account, including the review of network, service, and biting records; negotiation of service changes; and resolution of network and biting issues that may arise on my account, Identified below are authorized account contacts and their respective authority level for each organizational area within my company and/or third party representative that will be doing business with GZ Solutions on my behalf.

Account No	umber						
Print Name						Title	
Authorized :	Signature				Date		
RAMIS IRleadA RAMIO (ReadA orders on the a R/O (Read/On R/T (Read/Tro	White/AIR: This contact Write/BIR: This contact White/Orders): This co account including reco sky: This type of contact suble): This authority is	ct has the authorit valuet can receive nligures, moves, a ct is allowed to re- evel is allowed to	adds, changes, new location quest and receive informa	aling issues and request work configuration on an ons, etc. tion regarding bills, netwo s, receive network configu	bill related changes on the account including line typ ark configuration, and orde	e account such as the bi e, count, and physical ar ers, but is not authorized	
ACCOUNTE	CONTACTS						
. PRIMARY	ACCOUNT CONTACT	:					
Company	1				Name/Title	***************************************	
Phone					Fax		
Email					Cell		
Authority Lev	vet:	RWA	RWB	RWO	RO	RT	(check appropriate authorization level)
AFTER HO	URS CONTACT:						
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Phone					Fax		
Email					Cell		
Authority Lev	vet:	RWA	RWB	RWO	RO	RT	(check appropriate authorization level)
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Сопрапу	T				Name/Title		
hone	1	-			Fax		
mail	1				Cell		
Authority Lev	rel:	RWA	RWB	RWO	RO	RT	(check appropriate authorization level)
TECHNICAL	CONTACT:						
L TECHNICAL CONTACT:					Name/Title		
hone	 				Fax		
mail	 				Cell		,
othority Lev	ret	RWA	RWB	RWO	RO	RT	(check appropriate authorization level)
DATA CONT							
Company	T				/NameTitle		
hone	1				Fax		
mail					Cell		
luthority Lev	ret:	RWA	RWB	RWO	RO	RT	(check appropriate authorization level)
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OTHER:	T				Name/Title		
hone	-	· 90			Fax		
	1 3				Cell		
mail	1		T 1	T laws	-	I los	Johann appropriate with singles to 19
Luthority Lev	er.	RWA	RWB	RWO	RO	RT	(check appropriate authorization level)

G2 Solutions may send emails to inform custoffters of other related services and other information authorized by the customer in writing or required pursuant to contracts authorized by law.

To facilitate processing of these forms, they may be returned in the following ways:

By mail: G2 Solutions, Altr: Customer Care, 1475 Powell St., Suite 202, Emeryville CA 94508

By e-mail: Scan signed documents and sond to: service@g2solute:

By fax: (866) 603-0964

AUTHORIZATION FOR THIRD-PARTY ACCOUNT REPRESENTATION: TO OBTAIN CUSTOMER'S SERVICE RECORDS, BILLING INFORMATION AND CREDIT INFORMATION

hereby authorize		, "Agent" (Agent/Vendor/Other Third Party) to obtain my or my					
Company's (hereinafter "C	customer") customer service records and billing information,	as well as credit information, from G2 Solu	tions as necessary, duri	ng:			
Check as appropriate:							
This Ord	ler/Installation only						
Term of	contract and extensions with G2 Solutions or until G2 Solution	densions with G2 Solutions or until G2 Solutions is otherwise notified in writing					
	Solutions interface directly with Agent in providing service re elow, for purposes of assisting Customer in:	ecords, responding to requests for change	s in service, billing disp	utes and/or			
Check as appropriate:							
Determin	ning proposed changes to products and services	(Read/Only) -7					
Ordering	and installation of new products and services	(Read/Write/Orders	(Read/Write/Orders (Read/Write/Bill)				
View bill	detail and usage; resolve billing disputes	(Read/Write/Bill)					
Handling	trouble tickets	(Read/Trouble)					
All of the	above	(Read/Write/All)					
my/our behalf.	does not preclude me or my company from placing orders,	, handling billing disputes and/or trouble t	ickets directly with G2 S	olutions on			
Customer/Business Nam	ie:						
Account Number:	-						
Billing Address:							
City:		State:	ZIP:				
The undersigned has rea	nd the foregoing and represents that he/she is authorized	to act on behalf of the Customer.					
Print Name		7	Title				
Authorized Signature			Date				
By mail: G2 Solutions, Altro	te forms, they may be returned in the following ways: Customer Care, 1475 Powell St., Suite 202, Emeryville CA 94608 currents and send to: service@g2so1.net	S. X.					

By (ax. (000) 003-030-

Please copy on customer's letterhead

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